I am an OB/GYN doctor living and practicing medicine in Hartford's Asylum Hill neighborhood. This role gives me expertise in understanding the social determinants of health that affect pregnant patients in Connecticut's urban centers. After learning of the Greater Hartford Interfaith Action Alliance and Connecticut Tenants Union campaign for a 2.5% yearly rent cap and ban on no-cause evictions I believe the time is now for regulation on the rising rates of rent. I thereby support SB 4 with amendments listed below.

I believe regulating the rise of rent will help with the power imbalance between landlords and tenants. A landlord controls a majority of the power in a rental lease since they have a stable roof over their head and the tenant doesn't. As long as we have a commodified housing market where property is privatized, tenants require protections enumerated by the state to help mitigate the power difference. Without these regulations, evictions will run rampant, and indeed since the pandemic they already are; 2023 contains the top two number of evictions filed in a single day since 2017.¹

Eviction is a particularly dangerous event when it occurs during pregnancy. In a sixteen-year study from the state of Georgia looking at around 88,000 births from over 45,000 mothers over a six year period, being evicted while pregnant creates worse birth outcomes. Babies born to a patient who was evicted during her pregnancy are more likely to be premature and small for their age which can extend their time in the hospital and cause lifelong complications or even newborn death.²

The data from Georgia matches national observations about worse pregnancy outcomes if an eviction occurs during a pregnancy. In a review of 7.3 million births from 1,633 counties sampled across the United States between 2008 and 2016, there were increased rates of premature births and low-birth weight babies if an eviction occurred during a pregnancy, especially in the second and third trimester.³

Having a low-birth weight or premature baby can mean that the baby needs additional specialized care in a neonatal intensive care unit. In addition to the tremendous anxiety that

¹ Monk, Ginny, "Governor's Budget Proposes \$600 Million Investment in Housing," CTMirror. Feb 16, 2023. https://ctmirror.org/2023/02/16/ct-affordable-housing-lamont-budget-money/

² Himmelstein G, Desmond M. Association of Eviction With Adverse Birth Outcomes Among Women in Georgia, 2000 to 2016. *JAMA Pediatr.* 2021;175(5):494–500. doi:10.1001/jamapediatrics.2020.6550

³ Khadka A, Fink G, Gromis A, McConnell M. In utero exposure to threat of evictions and preterm birth: Evidence from the United States. Health Serv Res. 2020 Oct;55 Suppl 2(Suppl 2):823-832. doi: 10.1111/1475-6773.13551. PMID: 32976630; PMCID: PMC7518827.

comes with a sick newborn, families can be stuck in a vicious cycle of missing work taking care of the baby and being evicted because they had to miss so much work.⁴

The Connecticut General Assembly must pass SB4 with amendments to maximize protecting pregnant renters and their families. To make SB4 a strong bill, I recommend the following amendments that will apply universally to all tenants in the state:

- The cap should be lower—I suggest 2.5% without an adjustment for inflation. This tracks pre-pandemic average rent increases and would be affordable and predictable to tenants.
- It should cover apartments in between tenants so landlords can't push out tenants to increase the rent.
- It should expand good cause eviction protections to cover all tenants so they have greater stability in their homes. There is already a precedent for good cause eviction protection among Connecticut's elderly and disabled populations. These protections should be expanded to all renters.

Thank you for your consideration of this important legislation,

Joseph DiZoglio Jr., MD Hartford, CT

⁴ Schwartz GL, Leifheit KM, Berkman LF, Chen JT, Arcaya MC. Health Selection Into Eviction: Adverse Birth Outcomes and Children's Risk of Eviction Through Age 5 Years. Am J Epidemiol. 2021 Jul 1;190(7):1260-1269. doi: 10.1093/aje/kwab007. PMID: 33454765; PMCID: PMC8484772.